

NATO Study of Mental Health Training in Army Recruits

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ABSTRACT

The goal of the NATO Human Factors & Medicine (HFM) Research & Technology Task Group (RTG-203) "Mental Health Training" is to develop prototypes of mental health and resilience training for service members. Mental health and resilience training has the potential to strengthen the ability of service members to respond to the psychological demands of military life. Ideally, these kinds of mental health and resilience training should begin during basic training and be followed across the individual's military career. To-date, there has not been an international review of resilience training during basic training nor an assessment of what service members perceive as useful from their perspective. In response to this knowledge gap, RTG-203 has initiated a survey and interview with approximately ten new recruits from each participating nation to inform the development of such training. Panel members are

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Disclaimer: It should be noted that the views of the authors do not necessarily represent their respective Department of Defence or Government.

1.0 BACKGROUND

The NATO HFM-203/RTG ‘Mental Health Training’ was initiated in December 2009 to target the development of mental health training in the military. The RTO Task Group (RTG) addresses: (1) reviewing current mental health and resilience training materials used across participating nations, (2) establishing priorities for mental health training content, and (3) identifying considerations for training implementation. In addition, the RTG has targeted the development of mental health training during Basic Training. Specifically, the RTG will develop a core mental health resilience education and training package for NATO. While the deployment cycle has also been identified as a key area for training development, the RTG is beginning with Basic Training because it represents the individual service member’s point of entry into the military organization. As such, Basic Training provides incoming service members with an opportunity to receive the same baseline foundation in resilience awareness, resilience skills and skills for supporting other unit members.

The concept of mental health or resilience training is to teach mental health-related skills to individuals in order to prevent the development of symptoms and adjustment problems. Studies typically adapt approaches from cognitive-behavioral treatments for depression and anxiety (e.g., Försterling, 1985; Holaday & Smith, 1995). For example, in the United States, the Penn Resiliency Program has been developed and tested for use with adolescents. The training addresses the relationship between thoughts, feelings and behaviors, the need to challenge automatic negative thoughts and irrational beliefs, communication skills, how to focus on the positive, and energy management. Randomized studies on the Penn Resiliency Program demonstrate that this intervention, relative to non-intervention controls, reduces the risk of developing depression (Brunwasser et al., 2009). This training was recently adapted for use in the US Army (Reivich, Seligman, & McBride, 2011) although the efficacy of the training is still being assessed (Lester, McBride, Bliese & Adler, 2011).

The military has a history of assessing the impact of mental health support and training in the basic training context, with mixed results. Some studies suggest a positive impact from training such as the US Navy’s BOOTSTRAP intervention study (e.g., Williams et al., 2004). Other studies with military recruits have not found intervention efficacy, such as the study by Cigrang, Todd, and Carbone (2000) with US Air Force recruits randomly assigned to a 2-session stress management course or a control condition.

Two recent studies have demonstrated the feasibility of increasing mental health during Basic Combat Training. Specifically, Cohn and Pakenham (2008) conducted a randomized trial with basic trainees in the Australian Defence Force and found better cognitive coping and lower psychological distress relative to a control group. Unfortunately, although randomization occurred at the group level, the influence of the group was not accounted for in the analysis. Thus, random error accounted for by pre-existing group differences may have explained the differential outcomes. A US replication of this study in a group randomized trial did not demonstrate lasting positive effects

from an adapted version of this brief training; however, a more in-depth training focused on performance psychology did demonstrate enhanced performance, use of mental skills, and other positive outcomes over time (Hammermeister, et al., 2010).

In order to develop resilience training recommendations, the RTG conducted a needs assessment by interviewing and surveying a sample of recent graduates of basic training in each participating country. This paper documents the findings to date and identifies potential topics for focusing the development of a training and education package. The model of conducting an international needs assessments to inform the development of a training package was implemented in NATO HFM-081/RTG ‘Stress and Psychological Support in Modern Military Operations’ and resulted in the development of the first NATO guide to leadership and operational stress, entitled “A Leader’s Guide to Psychological Support Across the Deployment Cycle” as well as the publication of a paper summarizing the study results (Adler et al., 2008; Cawkill et al., 2006).

2.0 METHOD

2.0.1 Study Material.

The study consisted of two parts: a survey and an interview.

First, volunteers were asked to complete a survey that took about 15 minutes to complete. The survey addressed three key areas: (1) common Basic Training stressors (2) coping strategies and (3) preferred resilience skill training content.

The Basic Training stressors were adapted by the RTG from a list originally developed by military researchers in the US (Adler et al., 2010). The 25 stressor items were rated on a 5-point scale (1 = *very low*, 2 = *low*, 3 = *medium*, 4 = *high*, 5 = *very high*).

The coping strategies were adapted for use by the RTG from a measure originally developed by military researchers in the US and Australia (Adler et al., 2010). The 27 coping items were rated on a 4-point scale (1 = *I haven’t been doing this at all*, 2 = *I’ve been doing this a little bit*, 3 = *I’ve been doing this a reasonable amount*, 4 = *I’ve been doing this a lot*).

The list of resilience skills was developed by the RTG specifically for this study. The 16 resilience items were rated on a 5-point scale (1 = *not at all*, 2 = *a little*, 3 = *somewhat*, 4 = *very*, 5 = *extremely*).

Second, volunteers were asked to participate in an interview. The interview addressed the same three areas as the survey and concluded with participants being asked to describe an example from their Basic Training experience when they faced a significant psychological demand. They were then asked what was stressful about what happened, how long the stressful situation lasted, how typical the situation was, how they handled it, whether they were satisfied with how they handled the situation, and what they wish they had known in terms of resilience skills. Interview questions were developed by the RTG.

2.0.2 Study Design and Procedure.

In terms of the study participants, each nation sampled at least 10 recent Basic Training graduates. The sample was restricted to Army personnel to increase comparability of responses.

In conducting the study, individuals were asked to volunteer and were provided with a description of the purpose of the study. In addition, participants’ names and Service Numbers were not

required, thereby assuring anonymity. Each nation ensured that the study was approved as part of their nation-specific research ethics oversight process.

The RTG developed the survey and interview guide in English and then each nation translated the material as needed. The interviews were conducted in the national language of each country and extensive notes were prepared and translated back to English.

The questionnaire took approximately 15 minutes to complete and the interview took approximately 45-60 minutes to complete.

While 9 RTG nations were interested in conducting the study, only 4 nations were able to obtain data prior to the cut-off date for this NATO symposium paper. The RTG nations, however, continue to collect data as part of the RTG's long-term goal of conducting a broad-ranging needs assessment.

3.0 ANALYSIS STRATEGY

In terms of the survey data, direct comparisons across countries were not made because there are confounding cultural differences that could explain differences in ratings. Instead, the focus was on global ratings, and comparative rankings of demands, coping strategies, and training preferred skill areas. In terms of interview data, the initial qualitative analysis presented here focused on the identification of specific themes and the identification of specific examples that could be used to demonstrate key demands, coping methods, or training needs. Throughout, specific nations were not identified because the goal was not to spotlight specific national issues but rather to identify themes and issues that cut across participating nations. Consistent with our goals of conducting a needs assessment (rather than an epidemiological study), each participating nation used a convenience sample, not a representative sample. Our goal was to develop general themes and conduct a general needs assessment.

4.0 FINDINGS

Of the 10 nations comprising HFM-203/RTG, 9 countries agreed to participate in the study (one nation had stopped conducting Basic Training due to funding limitations). Reported here are the data that were ready for analysis by January 2011 (see Table 1). These data are from 4 nations. Note that 2 of the 4 nations (Germany and Estonia) collected data with both conscripts and volunteers (10 each). In this report, we have limited analysis to volunteers only.

Nation	Number
Belgium	10
Canada	TBD
Czech Republic	n/a
Estonia	10*
Germany	4**
Latvia	TBD
The Netherlands	10
Norway	TBD
United Kingdom	TBD
United States	TBD
Total	34

Table 1: Participating NATO nations

*Also collected data from 10 conscripts (data not reported here).

**Also collected data from 7 conscripts (data not reported here).

4.1 Demographic Information

In terms of rank, 84% were soldiers, 13% were NCOs and 3% were officers.

The average age was 24 (SD = 6.9) years with one outlier of 45. Without the outlier, average age was 23.3 (SD = 5.8).

In terms of educational status, 31% reported having some high school, 29% reported having a high school degree, 26% reported having at least some college, 8% reported having a college degree, and 6 % reported having a graduate school degree.

In terms of gender, 96% were male and 4% were female.

4.2 Training Stressors

4.2.1 Survey Data: Think about your experiences during Basic Training. Rate how much STRESS you felt about...

The 5 top ranked stressors across all participating nations were (mean scores on a 1 to 5 scale):

Being tested on performance (2.6)

Being expected to handle everything (2.5)

Worry about making a mistake (2.5)

Not knowing what to expect, things being unpredictable (2.5)

Worrying about doing well in Basic Training (2.5)

Across the four nations, there was general consistency in what was ranked as the most stressful. “Being tested on performance,” “Being expected to handle everything” and “Not knowing what to expect, things being unpredictable” were ranked in the top 5 stressors by Service Members in 3 of the nations. “Worry about making a mistake” and “Worrying about doing well in Basic Training” were ranked in the top 5 by Service Members in 2 of the nations.

Other stressors ranked in the top 5 by Service Members in the various nations included “Being away from home,” “Having to perform when you’re tired,” “Being yelled at,” “Not getting enough sleep,” “Keeping up with the physical fitness routines” and “Not being able to control my own schedule.” Service Members in all 4 nations ranked “Lack of support from back home” as the least stressful experience during Basic Training.

4.2.2 Interview Data: Overall, rate how stressful Basic Training was on a scale from 1 to 5 where 1 is very low and 5 is very high.

As part of the interview, respondents were asked how they would rate the stress levels in Basic Training. Table 2 shows the results. Most respondents rated stress levels during Basic Training as medium. On average respondents reported low to moderate overall stress levels.

1	2	3	4	5	Mean	SD
Very low	Low	Medium	High	Very High		
3 (10%)	9 (32%)	11 (39%)	5 (18%)	0 (0%)	2.59	0.9

Table 2: Perceived stress levels in Basic Training, n=28

Interview Data: What about Basic Training was stressful? What were the demands?

The answers to these interview questions (What about Basic Training was stressful? and What were the demands?) were diverse. Demands that were mentioned in several interviews across nations were the physical demands of Basic Training (both getting fit and enduring cold and wet weather), being yelled at or having a negative interaction with the instructors, having to perform, having to work long hours and having to work and live with a group of people.

4.2.4 Interview Data: How did these stressful demands affect you?

The answers to this interview question (How did these stressful demands affect you?) were also diverse. Participants in several nations mentioned that the demands would demotivate or frustrate them. For example, some participants mentioned that when being out in the cold and wet weather they would think ‘what am I doing here?’. In addition, the stressful demands made it sometimes difficult for most participants to think things through which resulted in them forgetting things and making mistakes.

4.3 Coping Strategies

4.3.1 Survey Data: Think about some of the challenges that you may have had to deal with in Basic Training. How did you respond to them? Rate how much you've used the following strategies...

The 5 top ranked coping strategies across all participating nations were (mean scores on a 1 to 4 scale):

Doing exactly as I was told (3.6)

Accepted how things are during basic training (3.3)

Looking for something good in what is happening (3.3)

Learned to live with the realities of basic training (3.2)

Concentrating my efforts on doing something about the situation (3.2)

Across the four nations, there was general consistency in what was ranked as the most common coping strategies. "Doing exactly as I was told," "Accepted how things are during Basic Training," "Looking for something good in what is happening," and "Learned to live with the realities of Basic Training" were ranked in the top 5 coping strategies by Service Members in 3 nations. "Concentrating my efforts on doing something about the situation" was ranked in the top 5 coping strategies by Service Members in 2 nations.

Other coping strategies ranked in the top 5 by Service Members in at least one nation included "Trying to see it in a different light," "Taking action to try to make the situation better," "Trying to come up with a strategy about what to do," "Making jokes about it," and "Planning ways to cope with the situation." The least-endorsed strategies related to religion ("Praying or meditating" and "Trying to find comfort in my religion or spiritual beliefs"), "Blaming others" and minimizing the experience ("not taking Basic Training too seriously").

4.3.2 Interview Data: In general, what (if anything) did you do to cope with these demands?

Service Members from different nations reported that they tried to cope with the stressors of Basic Training by seeking social support, relying on group motivation/cohesion, using various cognitive approaches such as distraction, emphasizing the positive, accepting the situation, and focusing on professional goals. These themes were echoed across interviews in all four nations.

In terms of seeking social support, Service Members described strategies they used such as "talk to my girlfriend," "talking with buddies," "asking others for help and advice," and "talking to parents."

In relying on group motivation/cohesion, Service Members described strategies such as "the group members motivated each other," "I found the motivation given by my comrades very helpful," "giving and receiving social support," "helping each other: sharing tips on how to do well," "helping and encouraging others," and "discussing with each other, not looking for solutions but just sharing opinions." As one Soldier described: "The friendships of colleagues really helped. At the beginning you don't know anybody, so you were alone lying on your bed in the evenings. And when you have your colleagues... you have someone to clear your mind with and to have some amusement. Then you feel better."

Soldiers described using different types of cognitive approaches. One cognitive approach was to focus on the positive: “I always motivated myself to get through everything. I would remind myself that everything will be over at some point and that I’ll be fine.” They also used strategies such as: “staying positive,” “trying to motivate by positive self-talk,” “thinking I did my best,” and “rewarding myself with a cup of coffee.”

Another cognitive approach was to use distraction. Soldiers reported using strategies such as: “I tried to distract myself during the marches,” “thinking about better moments,” “thinking about something else,” “thinking ‘this will end,’” “thinking about moments that are less difficult,” “not thinking about it,” “reading,” “listening to music,” and “going out with friends for a couple of beers, not thinking about work.”

Another cognitive approach was to focus on acceptance of the situation: “I stopped thinking cognitively. I only have to function,” “trying to remain calm... just accept what is happening,” “just doing what you have to do,” and “calming down, accepting the reality.”

On a related note, the Service Members also addressed other approaches focused on building professionalism and task mastery such as “I tried to make up for my deficits after duty hours,” “thinking an activity through,” “trying to think what you have to do,” “systematically looking for opportunities for new experience and growth,” and “analyzing what went wrong and how to improve.” The Service Members also reported focusing on their professional goals with thoughts such as “I also tried to motivate myself to accomplish my goals,” “thinking about how much you want to be in the army,” and “setting subgoals.” As one Service Member explained: “When I sign in the army I had my goal: to obtain my beret. During the training, I focused on my goal when it was hard.”

Finally, Service Members also described the ways in which they coped with the demands of the Army trainers. They reported techniques designed to keep instructors content: “don’t stand out too much,” “don’t ask a lot of questions but just do the job,” “listen carefully to instructors,” and “keep instructors happy with your performance.”

Interview Data: In general, how well did your coping strategies work for you?

Overall, Service Members who were interviewed felt very confident about how well their coping strategies had worked for them.

4.3.4 Interview Data: In general, how effective were you in coping during Basic Training?

As part of the interview respondents were asked how they would rate how effective their coping was in Basic Training. Table 2 shows the results. Most respondents rated their coping strategies as very effective. On average respondents reported somewhat to very high overall coping effectiveness.

1	2	3	4	5	Mean	SD
Not at all	A little	Somewhat	Very	Extremely		
1 (4%)	1 (4%)	5 (18%)	17 (61%)	5 (18%)	3.8	0.9

Table 4: Perceived effectiveness of coping strategy

Interview Data: What did you find to be the most effective coping strategy during Basic Training?

Overall, Service Members provided answers that reflected the coping strategies that they used. Among the coping strategies described as the most effective were maintaining a positive outlook, accepting the realities of Basic Training, being prepared and giving and receiving social support. They also identified some other techniques that they regarded as particularly helpful.

Specifically, they described approaches such as “being organized,” “helping others when team performance is assessed,” “preparing yourself before Basic Training starts,” “managing your expectations,” and “acting like a professional.” They also described the need to use energy management strategies such as “getting rest when possible,” “finding a place to relax a little,” “taking a break during the weekend,” and focusing on other things such as “thinking about something else like what will I do this weekend.” The Service Members also reported the importance of “putting things in perspective,” particularly when receiving feedback from the training cadre. For example, as one Service Member said: “I knew that remarks [from cadre] were part of the game during the training. So I didn’t take it too seriously.” “We were joking. The spirit was really good and we had a good cohesion inside the team and the training became funny.” Service Members also emphasized the need to maintaining a positive attitude, “thinking about my priorities and goals” and “communicating with others.”

4.4 Resilience Skills

4.4.1 Survey Data: Rate how important it would be for Service Members going through Basic Training to be trained in the following:

The 5 top ranked preferred resilience skills across Service Members in all participating nations were (mean scores on a 1 to 5 scale):

- Knowing how to support a buddy who is struggling with stress (3.9)
- Knowing about deployment stress (3.8)
- Specific mental skills to enhance military performance (3.7)
- Specific skills to build psychological resilience and handle stress (3.7)
- Specific skills to facilitate effective interpersonal communication (3.6)

Across the four nations, there was some consistency in what was ranked as the most important skills being taught during Basic Training. “Knowing how to support a buddy who is struggling with stress” and “Specific skills to build psychological resilience and handle stress” were ranked in the top 5 important topics by Service Members in 3 nations. “Knowing about deployment

stress” was ranked in the top 5 by Service Members in 2 nations, and the other skills were ranked in the top 5 by Service Members in only one of the nations. “Specific skills to facilitate effective interpersonal communication” was ranked in the bottom 5 by Service Members in 2 of the nations. In addition, specific skills to manage depression, anxiety and anger were also ranked toward the bottom by Service Members in all 4 nations (typically endorsed as “a little” to “somewhat” important).

4.4.2 Interview Data: Did you receive any specific mental health or resilience training during Basic Training? What did you learn?

Most Service Members reported not having received resilience training. In some nations, some Service Members mentioned receiving a related type of training or stress lesson. However, there was no consensus about receiving this training within or between nations. This inconsistency implies that to the extent resilience training or education was offered, it did not leave a lasting impression on the Service Members.

Interview Data: Identify additional resilience skills Service Members would like to be taught.

Suggestions for mental health or resilience training reflected the coping strategies the Service Members reported were effective. For example, recommendations for training included “addressing correct expectations,” “remembering the training is time-limited,” “not taking things personally,” “staying focused,” “relaxing when possible,” “talking with buddies,” and “giving social support.” Other recommendations included “not being too disappointed if something goes wrong but trying to learn from it,” and “trying to remember that skills you learn are useful not only for your country but also for yourself and your family.”

Service Members also recommended “advising incoming recruits how to get along with cadre,” including “the benefits of not speaking up,” “integrating in the group,” “showing effort,” “not drawing attention to yourself,” “not being too soft,” and “being serious about what you’re doing.”

Practical tips included prepare for the next day during the evening before and using free moments to sleep.

4.5 Resilience Training Scenario

Respondents were asked to think of an example from their Basic Training experience when they faced a significant psychological demand and explain how they coped with it. Overall, about half of the interviews resulted in a relevant scenario. The scenario themes generally reflected managing the stress of a performance task (such as being on the range the first time, having a weapon malfunction, performing under time pressure), dealing with the stress from training cadre, managing anger at some perceived unfairness or hardship (such as waiting in difficult conditions because someone wasn’t prepared, enduring the consequences when team members did not succeed), managing social support issues (lack of support from buddies because of being injured, being forced to operate closely with a team for long team).

Below are brief examples from a range of nations that could potentially be used in developing a NATO resilience training package for Basic Training.

“When Basic Training started, I did not pay close attention to the lessons I was acting like I was in high school. Then I failed a weapon handling exam because I could not

remember. Then you stand out and had to take extra lessons. Now I pay better attention and take lessons more seriously.”

“I promised my girlfriend I would call her one evening. Suddenly we had to go in to the field and we were not allowed to call home. I did it anyway and got caught. I had to do stupid chores. I learned not to promise my girlfriend or family anything, because you're just not available a lot of times. Trying to get them to understand...”

“The first time at the shooting range was stressful because it was a completely new and dangerous situation. The days before, I talked about it to the others. I was satisfied with this approach. No other approach would have helped me more.”

“One evening we were ordered to all pack our bag in 5 minutes. The instructor was yelling that we should hurry up. It was almost impossible to be in time. We were 5 seconds late and the instructor got mad. We had to do it again. I just accepted the situation.”

5.0 CONCLUSIONS

The findings of the survey and interview provide a starting point for developing a set of recommendations for resilience training conducted during Basic Training. Consistency was found in terms of common stressors, coping strategies, and recommendations for training. Thus, these stressors and strategies can become a focus of training material developed by the RTG. Specifically, training will address a range of coping strategies from positive thinking, goal setting, and a professional focus, to acceptance, distraction, energy management and social support.

The results presented here are only based on a small convenience sample from four nations. Additional nations will be participating in the project over the coming months and results from this wider sample will be integrated to determine a set of priorities for the development of NATO resilience training materials. Although the data are not designed to provide a representative sample, the fact that the data are relatively consistent across nations suggests there may be some common themes that can be addressed in resilience training for Basic Training that will have relevance across many NATO nations.

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